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# Application of Ex-Vivo/3D Organoid Models in COVID-19 Research

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## Abstract

COVID-19 treatment methods based on 3D organoids and ex-vivo platforms are analyzed in this chapter. Initially, the platforms available for cell culture and its working characteristics are explained. Subsequently discusses the organoids with their definition and included their uses in various applications. Further, the chapter extends to describe the uses of different organoids with their use in different stages. Most of these methods utilized the 3D ex-vivo cell culture method to develop organoids and test them over infected tissues. Based on the study in this chapter, it is found that the demonstration of active replication of the human organoids culture system of lungs is found to be more helpful for COVID-19 treatment.

**Keywords:** COVID-19, 3D exvivo, 3D Organoid models, invivo, cell culture

## 1. Introduction

COVID-19 and SARS, such treatment drugs and vaccines, remains a challenge to predicting clinical reaction. Predicting clinical response to vaccines and drugs remains a challenge in any viral treatment such as COVID-19 and SARS. COVID-19, a sort of corona disease, created a pandemic danger situation caused due to newly raised virus. Predicting novel virus biology lies majorly in vitro models, as it permits viral replication. Animal and human organoids had raised their value in the experimental virology platform. COVID-19 is a killing disease that increased the death rate of human beings higher than influenza. The number of reported cases is more or less equal to the number of deaths. Similarly, the infection mortality rate tends to increase deaths to 1%. This disease was most leniently spread from person to person through contacts or even through the respiratory system. There are different approaches taken to solve this dreadful disease which took away the lives and livelihood of millions worldwide. One such research approach is by gearing towards the direction of 3D organoids and ex-vivo platforms. 3D organoid models and ex-vivo platforms are known to recreate the disease-specific and organ-specific microenvironment in the lab. These models are well studied in cancer research [1].

Studies indicated that using 3D organoid and ex vivo models at an early stage of virus research might help them from failure. Most organoids can be established from induced pluripotent stem cells (IPSC), commonly containing 3D structure. Also, it consists of cell types for the specific organ, and multipotent adult tissue stem cells can create an organoid. To predict tissue tropism of this emerged COVID-19, various research groups ought to get the help of an organoid approach

for preventing gastric tract and kidney failure. COVID-19 directly infected capillary organoids and kidney organoids. This chapter describes 3D ex-vivo organoid enabled stem cell culture for prediction, helping to combat COVID-19. Using ex vivo platforms to predict the response for vaccines is important before it reaches clinical trials. Subsequently, treatment for tumors with an inhabitation induced activation, but all tumors failed to induce an antitumour response in a subset; likewise, COVID-19 drugs fail to give antiviral activity. Thus, it is important to use precision ex vivo models [2].

While new infection disease emerged, virologists expose indicator cell lines panel. From a typical human origin or monkey origin to patient materials and find for viral replication signs. Species barriers get complicated due to this trial-and-error approach. In the indicator panel, it was also done by the potential absence of a target. Recently severe acute respiratory syndrome due to coronavirus, organoids termed research emphasizes the value of more physiological in vitro models. In Wuhan city novel coronavirus disease 2019 (COVID-19) outbreak began that quickly transmitted everywhere china and to various parts of the domain in all countries. This spread of COVID-19 resulted in an extensive pandemic. Numerous treatment methods have been established for these diseases. As stated, earlier vaccines for this disease were not yet developed. Organoids are newly generated patterns developed from human stem cells, ex vivo duplicating process drug, and viral screening process for infection models. Self-categorized tissues are commonly seen in human organoids, which contain the different structure of cells. Cells that contain the same structure of cell functions as real organs for a human being. This pattern permitted viral infection efficiency and resulted in experimentation.

Areas unmet with COVID 19 research about leveraging this organoid method tends to help us predict the effect of this disease in tissues concerning organs. It will be an efficient tool for assisting researchers in predicting disease in the lab and helping to improve in development of a drug for COVID 19. It deciphers pathways for biomarker by keeping in mind that coronavirus is the fastest spreading disease, particularly for those with a weak immune system. Studying and understanding the effect of COVID 19 with the help of this platform in this increasing population is essential for regular therapeutics improvement in this field. They are focusing on miniature organ research at the lab to study coronavirus's progress in the human body. These organoids suggested that virus versatility for organs invading gut,

COVID – 19 Diagnosis and Management : a Comprehensive Review

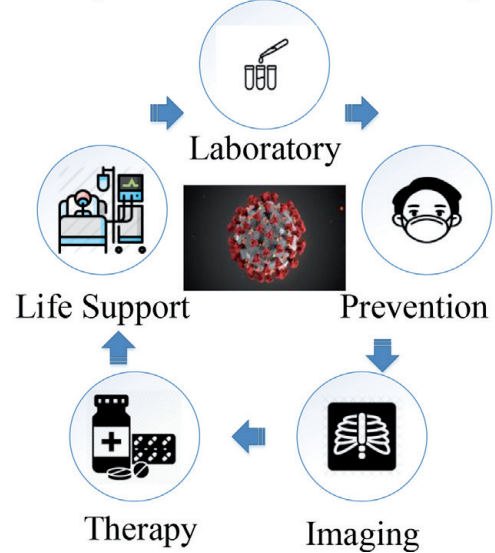


Figure 1.  
COVID-19 diagnosis.

kidney, and lungs to the liver. Experiments are conducted using drugs with the help of these mini tissues for identifying the working of these therapies would be candidates for treating people. Experts understand that SARS-Cov-2 might have a side effect on organs in the human body from residing infected persons. Unfortunately, there is no proper statement about this damage directly affected by the virus to secondary complications of infection. Various groups with the help of organoid to represent in body virus, cell infects that cause damages [3, 4]. Splendor of 3D ex vivo organoids recreates human microenvironment in true lab morphology of tissues. An overview of COVID-19 diagnosis and management is shown in **Figure 1**.

## **2. Nuts and bolts of 3D organoid and ex-vivo models**

3D structures of organoids are placed from induced pluripotent stem cells, and also multipotent adult tissue stem cells are substituted. Organize themselves via spatially restricted for containing specific-organ cell types and cell sorting lineage commitment to creating cell assembly with permanent tissue architectural and functional characteristics. Typically, it consists of complement varied cell types that are present in interesting organs. Standardized organoid models since designed from cell sources that is extended from a wide amount of time. Organoids that depend on ipsc initially during cell population that permits certain extension. For generating organoids, given that ipsc permitted to form a human body and signals that takes through an execution developed to duplicate continuous improvement, brain or kidney organs are interested terms followed in vivo. Fully identified stem cells that taken straight from tissue, so the Establishment of ASC extracted organoids is complex. Smoothly design whole organoid structure several growth factors like tissues such as culturing and mouse gut in one cocktail. It involves active stem cells of relevant kinds of cells. Mainly organoids in other tissues are expanded by the proliferation of the progenitor cells and the ASCs in rich growth factors. The cell structure necessary to reduce the growth factor levels can be driven to adopt them [5].

## **3. Current approach on combat COVID 19**

Some low-limit nations with similarly powerless wellbeing frameworks and restricted ability to balance the monetary and social expenses of populace level physical removal, incorporating a few nations with wellbeing framework delicacy and very weak populaces, presently announce inconsistent cases, bunches of cases, and network transmission. The window for control at the subnational and public level might be shut in many of these nations. Individuals living in aggregate destinations are powerless against COVID-19 to a limited extent as a result of the wellbeing hazards related to development or uprooting, stuffing, expanded climatic presentation because of the unacceptable sanctuary, and poor nourishing and wellbeing status among influenced populaces. Albeit, a few variations of site plans may not be achievable. Augmenting site getting ready for better removing among occupants and group the executives, adherence to contamination counteraction and control principles, solid danger correspondence and network commitment, and a decent observation framework to distinguish starting cases early can significantly decrease the inclination for COVID-19 to spread inside such settings. Proper case, the board can lessen mortality among those tainted with the infection. The Interim Guidance plots the essential strides to guarantee these limits are set up.

### 3.1 COVID-19 diagnosis

#### 3.1.1 Saliva test

Samples of saliva often included more SARS-CoV-2 copies than swab samples, and up to 10 days after initial diagnosis, a larger fraction of Saliva samples were positive. And in 495 health care professionals' testing, two more asymptomatic cases were recognized as Swab's. The scientists concluded in their letter that these data confirm the potential for detecting SARS-CoV-2 infection are used saliva specimens. At least saliva seems comparable with nasopharyngeal swabs in regulated health care environments. However, COVID-19 is a global epidemic, with rural, disadvantaged or otherwise under deployed communities most afflicted. And such situations can affect the way saliva-based tests perform [6].

#### 3.1.2 Polymerase chain reaction (PCR) test

PCR tests were also taken while affected by the Covid-19 virus. PCR accurately discover the occurrence of an antigen instead of bodily presence antibodies or immune responses. PCR test will find out at the initial stage of health patients has affected by virus based on recognizing the viral RNA, before antibodies generation, which will be available in the body illness signs occur. The general welfare authorities might better understand the transmission of disease, like Covid-19, among a population by using PCR testing to monitor huge bundles of Nasopharyngeal swab tests from within a populace.

#### 3.1.3 Serologic testing

After Covid-19, how long immunity retro will be staying in the body is indeterminate. Previous numerous researches have illustrated, who survived the epidemic of SARS (Acute Rapid Air Syndrome) those peoples had antibodies in their body for long eons afterwards retrieval. In several cases, after affected diseases, immunity will be increased naturally. Still, if Covid-19 causes a comparable immunological reaction, it would be untimely to say that coronaviruses produce Covid-19 and SARS. Nowadays, specific patients again affected by covid-19. This represents that these patients did not get immunity in their body naturally, which was displayed in several kinds of research. For antibody tests, such as the PCR tests, which usually use swabs to identify Covid-19, blood samples are normally needed. There seems to be little coronavirus but substantial and quantifiable antibody presence, circulating throughout the blood linked with the respiratory tract.

### 3.2 Antibody treatment

A SARS-CoV-2 alteration that enables the virus to avoid detection using different COVID-19 therapies produced antibodies which are proved by much research. Modern medicines termed monoclonal antibodies are shown with immunological molecules that are naturally produced. Jesse Bloom and his team mapped all probable SARS-CoV-2 mutations at the Fred Hutchinson Cancer Research Laboratory in Seattle, Washington, that were likely to impede binding with three monoclonal antibodies. One was made by Indiana, Eli Lilly in Indianapolis, and the second was made in a cocktail prepared in Tarrytown, New York by Regeneron. The receptor-binding element is the Alterations that impair a protein fragment interacting and entering cells by the virus. The researchers detected an alteration that caused the virus to elude the identification of one of the three antibodies with Regeneron's



antibodies cocktail. Not many of these changes are generally circling in tainted individuals. In every case, one is frequent in Europe and one in Denmark and Netherlands, where cases of mink and individuals working in mink ranching have been reported in SARS-CoV-2. The discoveries have not yet been peer-inspected.

### **3.3 Antiviral drugs**

Fluvoxamine, Umifenovir, camostat, ritonavir, Famotidine, Nafamostat, Lopinavir, hydroxychloroquine and chloroquine are drugs that are testing for medication of COVID-19. The treatment for SARS-CoV-1 and the Covid, which induce respiratory disorders for the Middle East, was successfully proved in vitro tests. However, there was no testing that confirmed that equal SARS-CoV-2 activity component. Nafamostat and camostat are antagonists of serine proteases. Camostat was already reported to prevent SARS-CoV entrance by acting as a researcher and serine protease inhibitor TMPRSS2 suggest together camostat, and nafamostat may inhibit SARS-CoV-2. Russia and China have licensed for use only as Umifenovir, and this is a tiny prophylactic indole derivative compound for influenza A and B viruses. Thiazolidine is Nitazoxanide used in parasitic, bacterial and viral contamination as a viable enemy of an infectious disease. Several bio-informatics approaches can be used in detecting the sequence of the virus [7]. Scientists are also working to counteract potential “cytokine storms” in some patients that cause lung harm and severe respiratory discomfort. As stated early, for covid-19, there is no vaccines or drugs for the treatment. Hence some methods may predict this disease and take treatments to reduce its severeness and stop spreading to other persons. Some of them are discussed below.

### **3.4 COVID-19 interferons**

Interferons are anti-inflammatory proteins and natural broad-spectrum anti-viral that induce signaling pathway followed by transformation of IFN-stimulated genes and bind to their receptors on the surface of various cells [8]. It includes an antiviral enzyme and also pro-inflammatory components. These are a group of cytokines and are primarily developed from infected cells and immune cells. These activated immune cells perform the killing of infected cells and also deactivate movement of the virus in the human body. This method is helpful during the early prediction of diseases, and hence treatment can happen with ease. While implementing interferon at the early-stage amount of infections in the beginning stage prompts decreases, disease duration is short. However, as mentioned earlier, there are no vaccines for Covid-19. Hence prevention is the only way to safeguard. Covering mouth during cough, wearing mask, washing hands rapidly, and a safe distance from each other might help. However, this method helps an average person with a better immune system and does not favor elderly persons and infants.

## **4. Combat COVID-19 using emerging organoids and ex vivo platforms**

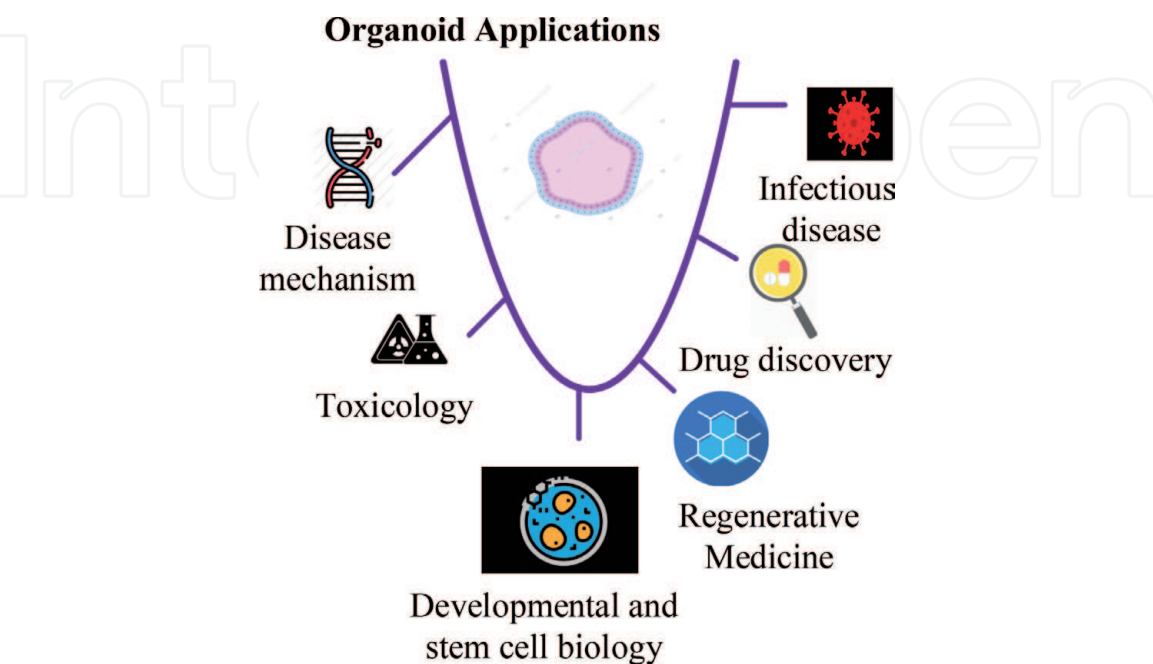
A human ex-vivo model affirmed the significance of NK cells in medication prompted demise under pressure in formerly led tests [9]. These discoveries focussed on an intermingling between drug-initiated obstruction and tumor-resistant contexture. Be that as it may, sympathetic to the science behindhand this viral reproduction, infection system medication disclosure endeavors are restricted because of the absence of an appropriate test model. Previously, single-cell RNA sequencing data of human organoids to explore explanations of ACE2 and

TMPRSS2, despite an assortment of RNA receptors to investigate their capacity in SARS-CoV-2 pathogenesis, were used. ACE2 is abundant in all organoids, besides the prostate and brain, and TMPRSS2 is omnipresent [1]. Natural, secure pathways in all organoids with the exception of the lungs are expanded in ACE 2(+) cells. Inquisitively, ACE2 (+) of the digestive tract, lung and retinal organoids have an extending low-thickness lipoprotein receptor with a more prominent joint in lung organoids. This investigation uncovers that organoids could be utilized for the review of this new pollution component and for the improvement of medications as a logical stage. General organoid application is shown in **Figure 2**.

4.1 3D organoids and virology

For acute gastroenteritis, human norovirus is the main cause. The primary drawback for the development of efficient therapy for norovirus is the absence of a powerful in vitro contamination model. Co-workers of Estes find the transfer of virus to gut enterocytes and its cell type is unavailable from cell lines intestine. Rather it was found in organoids. In ASC inferred enterocytes, little intestinal societies allowed development with different human norovirus strains. It ended up being an extra mind boggling factor. Mechanism of pathogenesis find organoids, where ipsc based organoids techniques are unique, and also it permits key aspect modeling for human brain development. While it happened during the Zika virus epidemic, it notably had an association between severe abnormalities and ZIKV infections. It does not affect the brain, and sequential studies used human cerebral organoids handled over causation proof. Replication of ZIKV in brain development and preferably affects and killed neural precursors.

It caused obstacles to microcephaly4 and cortical extension4. Similarly, organoids may be employed to reveal explicit species powerlessness differences. Pig H1N1 and Avian H7N2 flu infections mostly contaminate winged animals and pigs, separately, yet purported ‘reassortant’ flu infections. H1N1 virus (H1N1pdm) spread out speedily through human populaces. In the last periods, robust in vitro models are not available. The uses of ex vivo bronchus manipulating organizations to evaluate the seasonal infection of humans. The specimens of excision established



**Figure 2.**  
*Applications of organoids.*

by these transitory bronchus explant cultures. Hui et al. [10] the expected replication capacity, tropism in the tissue and the generation of cytokines inducing bronchi- and human-aviation pathways organoids from human and avian strains of flu. These tests provide appropriate findings by using organoids and explants. Considering organoids may be enlarged over the eons and removed from airways and frozen, organoids were considered to be beneficial for assessing the pandemic risk of animal flu infections. This end was confirmed by an equal report. Zhou et al. [11] human aviation ways organoids generate wide tug cultures, here it involves a few considerable aviation ways epithelial cells categories such as club cells, basal cells, ciliated cells and flagon cells. Two sets of infections with a clearly identified infectiveness in individuals were provided to these organoids. The coordinated contagions that ineffectually infectious in peoples by imitated two infections of people were further comprehensive.

## **4.2 Organoid types**

### *4.2.1 Gut organoids*

Multiple organs are joined to generate the spinal tract, which arises from a rudimentary general tube that is elaborated between the mouth and the anus. The gut tube [10] has endodermal layer pillage, which has a three-region subdivision. Hindgut, midgut and Foreskin, where each location in the development of the embryonal layer produces certain organs throughout specific intervals. The Pancreas, stomach, liver, esophagus, Pharynx and part of the duodenum have also been raised by foregut. This portion is generated as 3D organoids from a mouse that depicts intestinal SC, which arise in a rich lamina madrigal from the structures of crypt-villus and all the primary cell types of the gut [12]. The biomedical platform uses Intestinal organoid technology for forskolin-induced human organoid, which permits the cellular structure of drug investigation. By isolating the colon, organoids grow superficially into a single-layer epithelium with notions of auto surgery that have injured the mouse colon [13, 14].

### *4.2.2 Organoids of liver*

The liver comes from the extension of the foregut ventral wall that has been conceived to the structure of the liver bud. Hypoblasts described as hepatic endoderm cells formed from this bud, and both sinusoidal endothelial cells provide an estimate of the surrounding environment and mesenchyme. Hepatic vasculature is developed in conjunction with the development of liver bud, which forms a vasculogenesis and angiogenesis combination. It turns into a primary hematopoietic foetal organ. Therefore, the liver is designed based on the sensitive orchestration of signals between mesenchymal, endothelial and endodermal signals before the perfusion of the blood. 3D liver organoids designed for the treatment of liver failure are produced and assisted. The development of 3D organoids contributes to the development of epithelial liver bodies [15–17].

### *4.2.3 Organoids of kidney*

Mesodermal origins are mostly in the metanephric kidney and generate the back of the trunk. The organogenesis starts with the defined intermediate mesoderm of the kidney precursor tissue, leading to mesonephric and epithelial mesenchyme and monitoring the rostral-caudal direction. Uteric bud is a new epithelial protrusion in the development of a branched collecting tube structure that invades and



interacts with the neighboring MM. In the same way, mature nephrons and other MM derivatives cause MM differentiation, epithelization and condensation through progressive MM. The signals and branches are regulated. It is obvious before the other organs that the kidney tissue can be self-organized from previous research with reaggregation.

#### 4.2.4 Organoids of brain

The neural ectoderm formed a neural plate system, which generates a flat lamina of ectodermal cells positioned in close contact with the embryo and gradually builds a cylindrical epithelial structure called a neural tube [11]. The stringent spatial-temporal gradient of morphogens allows for the epithelial tube to be separated into four prosencephalons, mesencephalon and rhombencephalon areas with rostral-caudal axes and ventral-dorsal axes. Here prosencephalon emerges from secondary vesicles and creates the diencephalon and telencephalon. Neural stem cells that are followed by organoids generate glia and CNS neurons. Rostro caudally resides in the neural tube, and symmetrical simulation also asymmetrical simulations are continually initialized. NSC also provides more segmented cell structures to self-renewing progenitors, which include interim progenitors and neurons. Mostly distinct cells move outside the NSC domain, creating multi-layered structures such as the cerebral cortex, optic tectum and the medulla [18–20].

#### 4.2.5 Organoids of retina

The retina is a light open area of the eye and digests from neural ectoderm, and retinal primordia emerge from the diencephalon that evaginates along the side. This produces pseudo-stratified neuro-epithelia, called optical vesicles, which turns into a sensory neural retina in its distant section. Proximal segment offers to begin to cash layered tissue and melanin delivered retinal shade epithelium, and OV's go through invagination at their distal part that frames an optic cup with RPE and NR as its external and internal dividers as for one another. NR comprises PC that is isolated from ganglion cell design, cones and bars alongside strong cell types. This vertebrate retina is created as 3D organoids and utilized as a most remarkable reaggregation model in tissue designing for examining the neural layer at its fundamental. This examination was led in chick embryos and archived that supplanted retina performed with a surprising limit with respect to reassembling them as different round types with the entire plan [21–23].

Since COVID-19 has an extremely rapidly distributed worldwide channel for infection, it is still not favorable for pathogenic mechanisms. A disease model is essential for the study of the pathological characteristics of virus infection or drug prediction. In viral infection research, 2D models are most frequently utilized. However, in an ex vivo context, it was unable to imitate and search reliability was limited. The large distance between human beings and primates is a disadvantage for these species. Broncho-alveolar resections using lavage material are extracted from airway organoids. The procedure was helpful and can be modified for drug screening for beyond 1 year. The system includes mesenchymal cells, human-derived and endothelial. In the human liver environment, it was highly stimulated. For a consistent structure, intercellular interactions such as tight connections are needed. Additional organoids are notified that not only microvilli, bile capillaries and lipid droplets in hepatic cells are dedicated to more human organoids in LO. It is substantially more distinct from LO than in cells like the liver generated by human beings [24].

A precondition for suspect ability due to viral infection without considering as in vivo or in vitro. A prerequisite for questionable ability to develop in vivo or in vitro due to

viral infection. Human pluripotent stem cell reveals lung markers, extracted from 3D LBO's **EPCAM, KRT8, NKX2.1, FOXA1, FOXJ1, CC10, mucins, and P63**.

These LBOs showed growing, detachment and wretchedness tantamount to human lungs when the respiratory syncytial infection is contaminated. Contrasted with essential human hepatocytes, Na + –taurocholate co-shipping polypeptide, an HBV section receptor, was higher in human iPSC-LOs, which showed high helplessness to HBV contamination. Factors also increase the efficiency of infection, such as **GPC5, PPARA, and CEBPA**, which were higher in human iPSC-Los.

**HBV, pgRNA, intercellularvDNA, cccDNA, and supernatantvDNA** are the infection in human iPSC-LOs. It is present at a higher level than human iPSC-like cells [25].

During previous periods the improvement of organoids has shown as a revolution. Lung organoids, the invention of human intestinal organoids and human organs, are assent with the help of adult stem cell (ASC). The ASC also proved by the above-indicated organs. Once the separated intestinal organoids are produced, the multi-cellular structure and efficient complication of human intestine epithet are precisely mimicked for more than a year. The human gastrointestinal system is the widely used path of microbial attack. In vitro models for the study of intestinal illnesses have been shown to be popular in humans. In past studies, many studies were done to show an ASC culture of an intestine organoid epithelial bat. The possible source of SARS-CoV-2 is empirically linked to suggested bat organoids [26, 27]. The likelihood of enteric disease is investigated using SARS-CoV-2 in human intestinal organoids. The use of Crypts separated from the intestines in R Sinicus bats has been explored in SARS-CoV-2 and SARSr-breakout CoV's in fecal horseshoe bat species to evaluate high distinguishing features of SARS-CoV and SARSr-CoVs. It developed bat small bowel organoids (enteroids), which use the methodology to make human bowel organoids. In the environment expanding and in a ratio of 1:2 every seven days, the indistinguishable bat entereroids are grown. In order to facilitate separation, the expansion medium was converted into a differentiation media during which enteroids are incubated for 4 days. The developed enteroids in bat replicate the multicellular structure of the native bat's small intestinal epithelium. Employing electrical transmission microscopy, cells with typical characteristics of four important bat-enteroid intestinal cell kinds such as, enteroendocrine (EE) cells, paneth (P) cells, goblet (G), and including enterocytes (E) were found. Although one line of bat entereroids has been spread sequent for 12 weeks, the other lines, unlike human intestine organoids, stopped active production for at least 1 year following the passage for 4 or 5 weeks. It recognized the first bat intestinal organoid to imitate the bat intestinal epithelium cellular makeup [28].

### 4.3 Culturing of organic airways and isolation of human lung cells

The non-tumor lung tissue generated from patients in resection with pulmonary fluids was extracted from human lung stems. Human spherical organoids of 50 to 200 µm have been produced from pulmonary stem cells and lung parenchymatic cells. Rganoid and ex-vivo cultures belonged to the same 3 donors aged between 55 and 69 years. Every single donor was produced from a single line. Scalpel lung tissue with a laundry of 10 ml of DMEM, 10 mm HEPES and 1% of Glutamax media and F12 media penicillin–streptomycin solution. The ling tissue type 2 mg/mL ling tissue has been digested for one hour at 37°C on a shaking platform (St. Louis, MO, USA, Sigma-Aldrich).

The residual tissue parts and the Filter suspension were repeatedly sheared with Glutamax, 10 mM HEPES, and 1% penicillin streptomycin solution using a 100 µm filter with 10 mL complete DMEM and F12 media. The filtrate was then collected in a 50 mL bottle with 2% foetal serum bovine. Then the remaining volume is centrifuged for 5 minutes at 4°C at 600rcf. Lysis buffer Red blood cells lysed at room temperature for 5 min (Roche, Basel, Switzerland). Cut the whole DMEM/F12 media into a 10 mL cell pellet and centrifugate the pellet at 600rcf for 5 min. Matrigel will obtain human airway organoids during 14 days using cultivated. The Cultrex growth factor of cellular membrane type 2 matrix Cultrex cell membrane (Gaithersburg, Trevigen, MD, United States) is reduced by the 40 µL droplet from cell membranec membrane extract cell suspension at 35°C for 15–30 min to solidify pre-heated 24-well suspension platforms with a 10 mg/mL lung cell. Each well was filled with 500 µL of organoid media and incubators with 5 percent CO<sub>2</sub> at 37°C. The new organoid medium has taken on mechanical cutting with a 1000uL pipette and flamed Pasteur pipettes every four days. Every two weeks, the organoids were transported. The entire DMEM/F12 medium was added 10 mL, and organoids were centrifuged for 5 min at 450 rcf. The fragments are seeded in 1:1–1:6 proportions, and the fragmented organic fragmentation is replaced in a cold matrigel [29–31].

Human airway organoids are ready for infection at 37°C after 14 days at 5 percent CO<sub>2</sub>. Organoid matrigel with organoids comprising a number of organoids of the growth agent. Reactive substances and concentration for each growth factor. While less common than respiratory symptoms, gastrointestinal disorders have occurred in a considerable proportion of people with COVID-19. For a group of 73 COVID-19 patients, 53% had SARS-CoV-2 RNA in stool, with stool remaining positive even if breathing trials were negative with RNA viruses in 23% of patients. Viral NP-positive cells have been found in the gastrointestinal epithelial cells of these biopsy patients' tissues. Persistent fecal disposal was especially prominent in pediatric patients. Taken together, these clinical findings show that COVID-19 patients may get enteric infections. This shows, however, that a new pathway for the virus can be the human digestive system [32, 33].

## 5. Advantages and disadvantages of ex vivo and 3D platforms

Does not need animal care after operation in an ex-vivo instrument is valuable, permits more duplicability between lesions and gives the regeneration experiment a rigorously regulated artificial air [26]. Ex vivo models of the spinal cord include cultivation for up to three weeks of several hundred micron-sized crosspieces. Ex vivo methods specifically secluded perfused lung enjoys a benefit of generally controlled dosing complex multicellular reaction physiological openness productive utilization of material. It additionally shows certain restrictions. For example, it was, in fact, requesting, and it has a short perception time. Another method, to be specific accuracy cut lung cut, enjoys the benefit of controlled cell portion, complex multicellular reaction, and effective utilization of material. It additionally has certain weaknesses of non-physiological openness and short perception time. Impediments of ex vivo treatment incorporate incidental unite mass of numerous cell types like fibroblasts and astrocytes. One more prevalent constraint of ex vivo is that hereditary change is proper for secret modules that can digest cellularly information and does not help for remedial modules that assisted with entering objective cells. It is comparably huge not to make sham longings, and moreover to address two indispensable issues that swarm the majority of the current organoid systems: a shortfall of



reproducibility and, coupled to this, our shortfall of cognizance of the cycles that deal with their development.

## **6. Future perspective of 3D culture, organoid models in COVID research**

In its earliest phases, the creation of 3D organoid products from human PSCs has now advanced rapidly. Soon human organoids can be produced for organisms already developed in the mouse or when re-aggregation investigations have already demonstrated a source of self-orientation. The skin, mammary gland, muscle and bone are part of it [27]. Organ expansion models since organoids show a model approach that is plainly available and allow them to open up doors to increasingly complicated or unachievable issues that have been resolved through conventional approaches. This applies in particular to biological concepts specific to people. For particular, the particular class approach of human neural stem cells has already been studied with human brain organoids. Retinal organoids have also been used for testing changes between morphogenesis and timing of human and rodent tissue. In addition, GI tract organoids can also be employed to investigate the organized promotion of GI bodies, a method that shows crucial human change combined with animal laboratory. Organoids are also promising to model homosexuality for adults. The relevance of the crypt niche in stem-cell self-renovation and differentiation was previously studied by intestinal organoids. This applies primarily to organoids from adult progenitors such as the liver and stomach, which closely recreate regeneration processes seen in the adult organ. Although if numerous options of organoids are clear, it is important to remember their existing limitations. In the recapitulation of in vivo development, all organoid approaches that have been shown so far remain meticulously defined. For example, whereas retinal organoids finely show classical laminar composition, external parts do not shape; photoreceptors, for example, are short of being entirely developed to become light sensitive.

Consequently, brain organoids [34] recapitulate fast brain growth outcomes, but future features, for example, in cortical platelets, are not fully formed. The development issue appears to be a common impediment to organoid technologies and whether this will limit their research and therapeutic opportunities greatly is still to be explored. In the end, the lack of vascularization is usually an in vitro problem for organoids. Organoids have limited growth capacity, which may also impact their development because of nutrition supply restrictions. A whole subject of tissue engineering that has been tackled by the various techniques of vascularization. Spinners can provide healthier nutritional swaps with a size of up to a few millimeters in this example of organoids. Instead, endothelial cell co-culture can create systems like vascular systems. However, the transplantation of these tissues is possibly the most hopeful problem-solve, as was done with liver buds and kidney organoids that fosters hosts invasion [35, 36].

Organoids have significant potential as a way of drug testing and therapy for development and disease modeling. Potential initiatives will certainly get them closer to this prospect.

## **7. Conclusion/summary**

In this chapter, a discussion about COVID-19 treatment methods based on 3D techniques was briefly analyzed. In the first section, platforms that are available for cell culture and its working characteristics were discussed. Later, it continuously discussed organoids, their definition, and their uses in different applications.




Further, its use as different organs is described with its use in different stages. Prediction, as well as treating COVID-19, was found to be crucial and also, research plays a major role to put forth hybridizing of any two methods for accurate curing of COVID-19 from a human body. This method utilized 3D exvivo cell culture method to develop organoids and replace them over infected tissues. 3D disease models are previously available invitro and invivo technologies. However, they showed certain limitations and hence, treating viral infection using any stem cell culture and 3D technologies are quite helpful. Summarizing this chapter is based on the demonstration of active replication of human organoids culture system of lungs are found to be more helpful in the treatment of COVID-19. An organoid culture system is previously proposed and then used in a variety of applications. Rather it implemented 3D technologies for the development of cell culture and then replaced defective cells for an effective cure of viral infection.

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'Biotechnology to Combat COVID-19' is a collaborative project  
with Biotechnology Kiosk

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